

June 2011

# STATE OF ALASKA

## DEPARTMENT OF HEALTH AND SOCIAL SERVICES

*DIVISION OF PUBLIC HEALTH, EMERGENCY PROGRAMS  
Preparedness, EMS, & Trauma*

SEAN PARNELL, GOVERNOR

*3601 C St, Suite 424  
ANCHORAGE, ALASKA 99503  
PHONE: (907) 334-2602  
FAX: (907) 269-0036*

### **ALASKA TRAUMA REGISTRY RELEASE OF INFORMATION POLICY**

#### INTRODUCTION

The purpose of the Release of Information Policy is to establish guidelines for the release of data from the Alaska Trauma Registry to individuals or organizations requesting information pursuant to the provisions of 7 AAC 26.745 TRAUMA REGISTRY which provides in part: (b) The Trauma System Review Committee shall keep Trauma Registry Data confidential in accordance with AS 18.23.030 except that (3) reports on trauma registry data, not including patient identifiers, physician identifiers, or hospital identifiers, may be provided to epidemiologists, health planners, medical researchers, or other interested persons to study causes, severity, demographics and outcomes of injuries, or for other purposes of studying the epidemiology of injuries or emergency medical services and trauma system issues.

In sharing trauma registry information it is the intent of the Trauma System Review Committee that

- 1) patient, facility, health care provider, and service confidentiality be protected
- 2) legitimate and responsible use of trauma registry data for the purposes of promoting public health research, public health education, injury prevention, and peer review be insured, and
- 3) trauma registry data be represented accurately and without prejudice to an individual or institution.

#### PROCEDURE

Information requests will be put into one of four categories and considered as outlined below.

- 1) Participating trauma registry hospitals and ambulance services will receive four quarterly reports as has been established by the Trauma System Review Committee. Customized reports or information will be provided to individuals or institutions requesting information pertaining to themselves.
- 2) A recognized and known legitimate individual or organization requesting non-privileged data or information from the trauma registry for the purpose of promoting public health research or public health education will be provided the requested information by the Trauma Registry Coordinator. Privileged data or information is defined as any data or information identifying an individual patient, physician, hospital, or pre-hospital care provider, and acquired in the

June 2011

performance of activities of the Alaska Trauma Registry program. The Trauma Registry Coordinator may require that the requestor submit his/her request in writing and provide proof of requester legitimacy.

- 3) A request by an unknown individual or organization or a request for privileged data may be reviewed by a subcommittee of the Trauma System Review Committee, called the Release of Information (ROI) Subcommittee. The requester is required to submit to the ROI Subcommittee a completed Research Application form along with a copy of his/her study proposal, if applicable.

Release of information may be contingent upon signature of the following agreement:

### **ALASKA TRAUMA REGISTRY DATA UTILIZATION AGREEMENT**

The Trauma Program of the Alaska Department of Health and Social Services, Division of Public Health, places the following conditions on the acceptance and utilization of data from the Alaska Trauma Registry:

1. Ownership of the data will remain with the Alaska Department of Health and Social Services, Division of Public Health, Section of Emergency Programs/Trauma Program (ADHSS/DPH/EP/TP).
2. Applicant will have access to the “raw” data that has been sent for research and analysis. No other person will have access to the data unless for technical support and with ADHSS/DPH/EP/TP approval. Upon completion of the proposed research project in the application, the “raw” data will be deleted, and transmittal copies destroyed.
3. Access to the data file will be protected by a security system that requires the user to provide at least one password.
4. Release of non-aggregate data to any other individual or agency without the express permission of the ADHSS/DPH/EP/TP is prohibited.
5. The recipient will commit to protecting the identity of trauma registry patients, ambulance services, and hospitals. (Although we do not give names, in some communities, the dates, age, sex, race and place of injury occurrence are sufficient to identify an individual or service.) No use will be made of the identity of a person, service or hospital discovered inadvertently.
6. All prevailing laws and regulations relating to the protection of patient-identifiable information be followed (this would include the HIPAA privacy regulations). It would, as a byproduct, require that the agency using the information follow the regulations to ensure minimum use and provide for personal sanctions to follow the individual who violates the regulations regarding release of information.
7. Data will not be linked to any data set with individually identifiable records.
8. The recipient will submit to the ADHSS/DPH/EP/TP a signed Alaska Trauma Registry confidentiality statement.
9. The data may only be used for studies of a public health nature.
10. The recipient will allow the ADHSS/DPH/EP/TP and the Trauma System Review Committee a prepublication review of conclusions based upon data from the trauma registry. (This is to insure correct

interpretation of the contents of the database.) If disagreement exists, the recipient will allow the Trauma System Review Committee the opportunity to include their comment within the published document. Acknowledgement is to be given to the ADHSS/DPH/EP/TP as the source of data in any publications, articles or studies that are prepared or published.

### **STUDY PROPOSAL**

June 2011

The study proposal will include objectives, methods, study population of interest, and specific elements needed from the trauma registry. The requestor must inform the trauma registry ROI Subcommittee of any changes to the study design or changes in the estimation of time for project completion.

#### DUTIES OF THE TRAUMA SYSTEM REVIEW COMMITTEE

The Trauma System Review Committee will appoint a Release of Information (ROI) subcommittee consisting of at least one physician. The ROI Subcommittee will be available to make final determinations on requests for information from the trauma registry. An information request review by the ROI Subcommittee may be accomplished by circulation of the proposal to subcommittee members.

#### DUTIES OF THE TRAUMA REGISTER COORDINATOR

The trauma registry coordinator will:

- 1) Prepare quarterly and custom reports to participating hospitals
- 2) Answer legitimate requests for non-privileged data by recognized individuals
- 3) Reject inappropriate requests
- 4) Work with requestors and ROI Subcommittee members on requests that fall into category #3 above
- 5) Report all information requests to the Trauma System Review Committee during quarterly meetings by presenting short summaries of information provided.

#### CONFIDENTIALITY

Any and all release of information pursuant to this policy shall be expressly subject to the provisions of AS 18.23.030 (a), which provides that such information shall be held in confidence and is not subject to subpoena or discovery. Such released information shall be used solely for research/investigation purposes, and shall have any patient, provider and facility identifying information redacted. Those persons or institutions who receive any information pursuant to this policy shall be required to sign and return a confidentiality agreement that forbids re-disclosure of released information, except for the described purposes of study or research pursuant to the provisions of 7 AAC 26.745.

June 2011

**RESEARCH APPLICATION**  
**(To be filled out by applicant)**

Please complete the following for data release.

Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_

Fax Number \_\_\_\_\_

Email \_\_\_\_\_

Project Title: \_\_\_\_\_

Expected time of completion \_\_\_\_\_

Person receiving data transfer. \_\_\_\_\_

I have read and agree to the above conditions for the use of data from the Alaska Trauma Registry of the ADHSS/DPH/EP/TP.

Signature \_\_\_\_\_ Date \_\_\_\_\_

(print name) \_\_\_\_\_

**Please attach a copy of the study proposal: objective, methods, study population of interest, specific elements required from trauma registry.**

June 2011

## **ALASKA TRAUMA REGISTRY CONFIDENTIALITY STATEMENT**

I understand and agree that in the performance of my role on a steering or review committee or board or group; or as an employee of Southern Region Emergency Medical Services Council, Inc.; or as an employee of ADHSS/DPH/EP/TP; or as an employee of a participating hospital or prehospital service; or as a trauma registry manager, trauma registrar, or data entry clerk; or as a professional services contractor for the Department of Health and Social Services; or as a recipient of trauma registry data, I must maintain and safeguard the confidentiality of privileged Alaska Trauma Registry data and information. I understand that privileged data and information is defined as:

"Data and information generated and/or acquired by the Alaska Trauma Registry Program which identifies an individual patient, practitioner, or facility; written or recorded records of any trauma registry steering or review committee sessions, data collection staff meeting, or any regularly constituted committee of the Alaska Trauma Registry Program; data and information generated and/or acquired in the administration of the Alaska Trauma Registry Program; any personal knowledge of any representative or employee of the Alaska Trauma Registry Program who can identify an individual patient, practitioner, or facility."

Further, I understand that violation of the Alaska Trauma System Confidentiality Policy may result in legal action.

In order that we may exchange data from time to time which otherwise may be considered of a confidential nature, the undersigned agrees to abide by the following statement:

"Any data or information identifying an individual patient, physician, hospital, or prehospital care provider, and acquired by either party in the performance of activities of the Alaska Trauma Registry project shall be held in strict confidence and shall not be disclosed to any person or legal entity without the prior written consent of the other party."

\_\_\_\_\_  
(SIGNATURE) DATE \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(TITLE)